

# COMMUNITY HEALTH IMPROVEMENT PLAN

Bay County Community Health Task Force

December 31, 2016-December 31, 2021



Produced August 2016 by  
The Bay County Community Health Task Force  
in collaboration with  
the Florida Department of Health in Bay County  
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## LETTER TO THE COMMUNITY



Douglas M. Kent, MPH

The Florida Department of Health in Bay County's public health professionals are dedicated to improving the health of individuals and communities through the promotion of healthy lifestyles, disease and injury prevention, as well as infectious disease detection and control. Our team is dedicated to the prevention of wide spread health problems through adherence to sound public health policies, provision of educational programs, community service and solid leadership. Healthcare equity, quality, and accessibility are important in protecting the health of our communities. Our alliances with policy makers, stakeholders, and community partners to identify and activate activities to prevent chronic diseases and offer public health improvement are important and appreciated. The improvement of community health is the core of public health endeavors; therefore, it is vital

for everyone to be informed and engaged in these efforts. Communicating health risks and promotion of preventative measures to the public is essential.

Over the past 75 years, public health has taken measures to improve sanitation and food safety practices, increase immunization rates, and promote the strategic use of resources to diminish the threat of communicable diseases. Unfortunately, our efforts have not prevented chronic disease from becoming the biggest threat in the 21st century to years of potential life lost (YPLL). The good news is, we, as a community, can implement prevention and management efforts to stop this trend. Together, we can educate our community, advocate self-management skills, and encourage self-responsibility: actions that are key to chronic disease prevention and management. When a community demonstrates the importance of healthy lifestyle changes such as; increasing daily exercise, obtaining a healthy weight, consuming fresh fruits and vegetables, adopting portion control habits, and eliminating poor lifestyle choices that negatively impact our families, they become the trendsetters for public health improvement.

I am very proud of FDOH-Bay County Health Department and the passion our team demonstrates in our quest to improve and encourage the community to obtain better health outcomes. Our efforts to update the Community Health Improvement Plan have identified new priorities; however, let me say "Great Job" in accomplishing the 2012 CHIP priorities. These include; establishment of a county wide Accredited Diabetes Services Program, 211 Services implementation to increase access to care, and realizing Healthiest Weight initiatives to increase awareness on the role of obesity in chronic disease development. I appreciate the opportunity to be YOUR county health officer and FDOH-Bay County Health Department's Administrator. I am very proud of the public health services our team members at FDOH-Bay County Health Department provide to the community and I am proud to be a part of Bay County.

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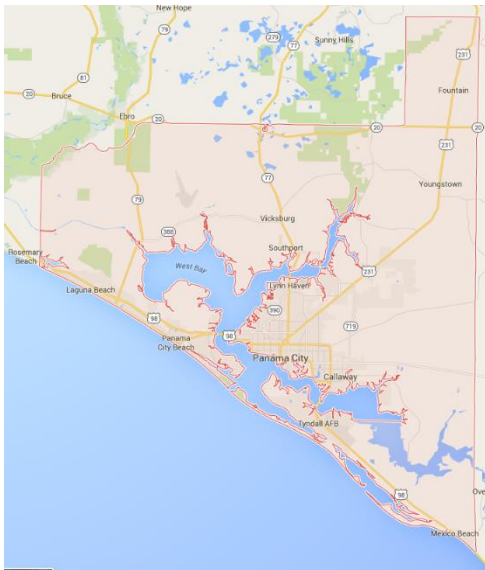
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## COMMUNITY DESCRIPTION

Bay County has a total area of 1,033 square miles, of which 25% is water. There are seven municipalities in Bay County – Panama City is the county seat and largest city, on the coast. Unincorporated areas, however, comprise nearly half of the total population.



The County's coastal access and low cost of living has driven a 6% growth in population from 2010 and 2014 to 178,985, and is projected to continue to grow 9% to over 197,000 persons by 2020.

Approximately 20% of the total population is African-American, Hispanic, Asian or other race/ethnicity. Bay County has approximately 50% females. Overall, the age distribution of Bay County is 28% under 18 years of age, 56% between 19 and 64 years, and 16% over 65. This distribution indicates a younger population than the State of Florida.

Median household income is the most widely used measure of income. Median is a good predictor of household income because it is less impacted by the income highs and lows and divides the income distribution into two equal parts, one half falling below and one-half above the median. Median income can define the

ability of a household to have access to affordable housing, health care, higher education opportunities, and food. The average annual wage in Bay County is \$47,274, which is above the State's median. Over one-third of Bay County employment was in the Trade, Transportation and Utilities, Leisure and Hospitality industry sectors, which had the lowest wages, nearly half that of the State's average wage.

In 2014, 14.8% of the population had incomes below 100% of the Federal Poverty Level. In Bay County 10,478, 28%, of children live in poverty. In addition to the fact that the population has lower income, approximately 20% are uninsured. Therefore, the general community needs reflected in the CHNA also reflect the needs of low-income and uninsured residents.

Other notable social determinants of health included a lower high school graduation rate, higher juvenile referral rate, and crime.

In 2016, 35.7% of adults in Bay County are overweight/obese with 29% of adults whose poor mental health kept them from doing usual activities. The vulnerable population in Bay County are comprised of the elderly at 17% (65+ years old) and black and hispanic communities at 11% and 7%.

Demographics	Florida State	Bay County
Population		
Total	19,548,031	174,987
Female	9,992,462	88,180
Male	9,555,569	86,807
Median age	41.8	39.7
Socioeconomic		
Poverty rate	16.3%	34.6%
% children living below poverty level	23.6%	21.6%
Median household income	\$47,212	\$45,249

## PLANNING PROCESS

### **Framework: Mobilizing Action through Planning & Partnerships**

With the Florida Department of Health as a partner, the Mobilizing Action through Planning & Partnerships (MAPP) process was utilized to conduct the assessment. The MAPP process is a community-driven strategic planning process for improving community health. The process helps communities apply strategic thinking to identify and prioritize health issues and identify resources to address them.

The MAPP process is comprised of four individual assessments:

#### **Forces of Change Assessment (FOCA)**

During the FOC exercise, participants engage in a brainstorming activity to identify forces—such as trends, or events—that are or will be influencing the health and of life of the community and the local public health system.

#### **Community Themes & Strengths Assessment (CTSA)**

The CTSA Assessment answers questions such as: "What important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

#### **Local Public Health System Assessment (LPHSA)**

The LPHSA involves a broad range of organizations and entities that contribute to public health in the community and answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

#### **Community Health Assessment (CHA)**

The CHA is a process assessing the current health status of a community through the selection and collection of relevant data elements (indicators) and the analysis of trends and comparisons to benchmarks.



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## HEALTH INEQUITIES

Threats Posed	
Access to Care	Financial
<ul style="list-style-type: none"> <li>Low self-care competency: Inability to navigate individual healthcare - health management, communicate, understanding rights and responsibilities, ability to understand health insurance plans and eligibility for assistance programs. Health care provider-patient interaction, clinical encounters, diagnosis and treatment of illness, and medication misinformation.</li> <li>Ability to understand and utilize health services; health literacy</li> <li>Poverty; health; access to health providers</li> <li>Decrease of healthcare funding: Low Income Pool (LIP) funding; State not accepting Federal funds; not expanding Medicaid; ICD-10 conversion</li> <li>Increased mental health issues and lack of funding; suicide; morbidity &amp; mortality; stigma; lack of access to quality mental health services; limited funding for mental health</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in Federal and State funding opportunities</li> <li>Shortage of providers, increased inequity; increased disease rates</li> <li>Decreasing enrollment in higher education</li> </ul>
	Behavior
	<ul style="list-style-type: none"> <li>Increase in child abuse and the need for foster parenting</li> <li>Poor lifestyle choices: Increase in substance abuse; anti-vaccination; unprotected sex</li> </ul>
	Municipal Infrastructure
	<ul style="list-style-type: none"> <li>Lack of low cost housing</li> <li>New construction and migration of stores to Panama City Beach</li> </ul>
	Mental Health
	<ul style="list-style-type: none"> <li>Limited facilities for patients with mental health conditions but high levels of people with mental illness, those who are homeless and with substance abuse issues</li> <li>Increase in suicide rate; crime and violence; human trafficking</li> </ul>

### Community Health Assessment

#### Indicator Selection

A review of health status assessments from the following organizations: Healthy People 2020, Community Commons, Florida CHARTS' County Health Profile, Robert Wood Johnson's County Health Rankings, and previous assessments revealed a cross section of many common indicators. From this cross section, state and county data for 163 health status indicators and 28 demographic indicators were collected.

#### Data Sources

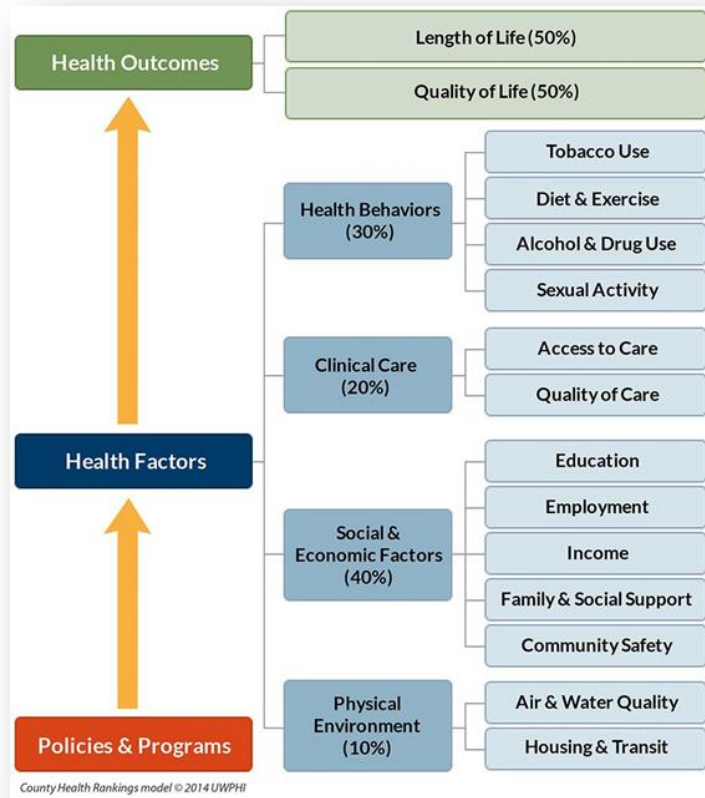
Data sources included: Florida CHARTS, Florida Department of Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Florida Department of Children and Families, US Department of Health & Human Services, Feeding America, USDA Economic Research Service, Florida Department of Law Enforcement, US Census Bureau, Federal Bureau of Labor and Statistics, and US Department of Housing and Urban Development.

#### Framework for Analysis

To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the **County Health Rankings Model** created by the *University of Wisconsin Population Health* and the *Robert Wood Johnson Foundation*. The framework emphasizes factors, that when improved, can help improve the overall health of a community. This model is comprised of three major components:



- **Health Outcomes** - This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality/Length of Life) and how healthy people are when they are alive (Morbidity/Quality of Life).
- **Health Factors** - Factors that influence the health of a community including the activities and behavior of individuals (**Health Behaviors**), availability of and quality of health care services (**Clinical Care**), the socio-economic environment that people live and work in (**Social and Economic Factors**) and the attributes and physical conditions in which we live (**Physical Environment**). Although an individual's biology and genetic plays a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors are built from the concept of *Social Determinants of Health*.
- **Programs and Policies** - Policies and programs local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization). As illustrated, *Policies & Programs* influence *Health Factors* which in turn causes the *Health Outcomes* of a community. *Health Outcomes* are improved when *Policies & Programs* are in place to improve *Health Factors*.



## Benchmarking

For comparison, each indicator was measured against the performance of the state of Florida as a whole. According to United Health Foundation's, *America's Health Rankings 2015*, the state of Florida ranked just in the bottom third (33<sup>rd</sup>) of all states across the core measures of Behaviors, Community & Environment, Policy, Clinical Care, and Outcomes. Florida's rank for each dimension is shown in the accompanying table. Lower scores indicate a healthier population; thus the health status of Florida residents ranks near the bottom of the nation. Our local community aspires to be healthier than the state average.

America's Health Rankings - Florida	
Dimension	Rank
<b>Overall</b>	<b>33</b>
Behaviors	27
Community & Environment	30
Policy	47
Clinical Care	33
Outcomes	33
Source: United Health Foundation	

<b>County Health Rankings</b>	<b>Rank</b>
<b>Dimension</b>	<b>Bay</b>
<b>Health Outcomes</b>	<b>47</b>
Length of Life (Mortality)	43
Quality of Life (Morbidity)	53
<b>Health Factors</b>	<b>42</b>
Health Behaviors	51
Clinical Care	39
Socioeconomic	21
Physical Environment	64
Source: County Health Rankings - 2015	

*County Health Rankings* produces a similar report ranking the counties in each state. In a state that does poorly across the nation, Bay County performs poorly with a rank of 47 out of the 67 counties in Health Outcomes and 42 in Health Factors. The concern for Bay County, however, is that the ranking for Health Factors has dropped from 32 (2013) to 38 (2014) and now 42. The continuation of this trend will lead to poorer performance in overall Health Outcomes. Current, Health Outcomes and Health Factors rankings and are displayed here.

### Results

Out of the 163 indicators, Bay County performed worse than the state in 105 of them. About half of them, 61 indicators, showed a worsening trend. Below is a summary of the indicators performing worse than the state for Bay County.

## Health Outcomes

### Mortality – Length of Life

- ♦ Premature death
- ♦ Heart disease deaths
- ♦ Chronic lower respiratory deaths
- ♦ Deaths from smoking-related cancers
- ♦ Lung cancer deaths
- ♦ Diabetes deaths
- ♦ Cancer deaths
- ♦ Injury deaths
- ♦ Suicide deaths
- ♦ Chronic Liver disease
- ♦ Pneumonia
- ♦ Nephritis
- ♦ Motor vehicle accident deaths
- ♦ Infant mortality
- ♦ Neonatal deaths
- ♦ Stroke deaths
- ♦ Homicide
- ♦ Post neonatal deaths
- ♦ Prostate cancer deaths

### Morbidity – Quality of Life

- ♦ Total cancer incidence
- ♦ Prostate cancer incidence
- ♦ Lung cancer incidence
- ♦ Breast cancer incidence
- ♦ High blood pressure (Adult)
- ♦ Diabetic monitoring

## Health Factors

Health Behaviors	Clinical Care
<ul style="list-style-type: none"> <li>♦ Smokers (Adult)</li> <li>♦ Live births with mother smoking during pregnancy</li> <li>♦ Secondhand smoke exposure (children)</li> <li>♦ Smoked in last 30 days (Adolescents)</li> <li>♦ Never smoked (Adult)</li> <li>♦ Tobacco Quit attempt (Adult)</li> <li>♦ Former smokers (Adult)</li> <li>♦ Alcohol consumption in past 30 days (adolescents)</li> <li>♦ Cigarette use (adolescents)</li> <li>♦ Binge drinking (adolescents)</li> <li>♦ Alcohol Consumption in Lifetime (Adolescents)</li> <li>♦ Marijuana or Hashish Use (Adolescents)</li> <li>♦ Blacking out from drinking Alcohol (Adolescents)</li> <li>♦ Sedentary Adults</li> <li>♦ Obesity (Adult)</li> <li>♦ Overweight (Youth)</li> <li>♦ Food Insecurity</li> <li>♦ Food Access Low - Low Income Population</li> <li>♦ SNAP Participants</li> <li>♦ Healthy Weight (Adult)</li> <li>♦ Fruits and Vegetables Consumption 5 servings per day (Adult)</li> <li>♦ Grocery Store Access</li> <li>♦ Vigorous physical activity recommendations met (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>♦ Dental Care Access by Low Income Persons</li> <li>♦ Population Receiving Medicaid - Rate per 100,00</li> <li>♦ Primary Care Access</li> <li>♦ Percentage of adults who could not see a doctor at least once in the past year due to cost</li> <li>♦ Diabetic Annual Foot Exam (Adults)</li> <li>♦ Diabetic Semi-Annual A1C Testing (Adult)</li> <li>♦ Adults who have a personal doctor</li> <li>♦ Cancer Screening in past two years - PSA (Men age 50 &amp; older)</li> <li>♦ Cancer Screening – Mammogram</li> <li>♦ Cancer Screening - Pap Test</li> <li>♦ Vaccination (kindergarteners)</li> <li>♦ Salmonellosis</li> <li>♦ Meningitis, Other Bacterial, Cryptococcal, or Mycotic</li> <li>♦ Whooping Cough</li> <li>♦ Vaccine Preventable Disease for All Ages</li> <li>♦ ED Visits - Acute Conditions – Hypoglycemia</li> <li>♦ ED Visits - Avoidable Conditions – Dental</li> <li>♦ ED Visits - Chronic Conditions – Angina</li> <li>♦ Dentists (per population)</li> <li>♦ Adult substance abuse beds (per population)</li> <li>♦ Skilled nursing beds (per population)</li> <li>♦ Mental health providers (per population)</li> <li>♦ Family Practice Physicians (per population)</li> <li>♦ Internists (per population)</li> <li>♦ Physicians (per population)</li> <li>♦ Unhealthy mental days</li> <li>♦ Adults with good to excellent overall health</li> <li>♦ Poor or fair health</li> <li>♦ Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days</li> <li>♦ Prenatal Care Begun in First Trimester</li> <li>♦ Prenatal Care Begun Late or No Prenatal Care</li> <li>♦ Births to Mothers Ages 10-14 (Resident)</li> <li>♦ Births to Mothers Ages 10-16</li> <li>♦ Births to Mothers Ages 15-19 (Resident)</li> <li>♦ Live births where mother smoked during pregnancy (rate)</li> <li>♦ Medicaid birth rate</li> <li>♦ Births to Obese Mothers (rate)</li> <li>♦ Breast feeding Initiation</li> </ul>

Socioeconomic	Physical Environment
<ul style="list-style-type: none"> <li>♦ High school graduation (rate)</li> <li>♦ Real Per Capita Income</li> <li>♦ Poverty Rate</li> <li>♦ Population &gt; 25 without a high school diploma</li> <li>♦ Households with No Motor Vehicle</li> <li>♦ Domestic Violence Offenses</li> <li>♦ Forcible Sex Offenses</li> <li>♦ Aggravated Assault</li> <li>♦ Murder</li> <li>♦ Property Crimes</li> <li>♦ Violent Crime</li> </ul>	<ul style="list-style-type: none"> <li>♦ Driving alone to work</li> <li>♦ Use of Public Transportation</li> <li>♦ Air pollution - particulate matter</li> <li>♦ Drinking water violations</li> </ul>

## Issues and Themes

The Task Force meeting in October 2015 centered on identifying common community themes and strengths that can affect the health of the community. For this assessment, community participants broke out into four (4) groups to answer a series of open ended questions, participants identified several reoccurring themes throughout the community. Following submission of ideas by individual participants, a full group discussion among all participants identified several key themes.

### What is important to our community?

Very Important	Fairly Important	Less Important
Mental Health	Access to Clinical Services	Injury Prevention
Obesity / Diabetes	Chronic Disease Prevention and Control	Emergency Preparedness
Maternal Child Health	Health Education and Promotion	Literacy

### Themes

Open Ended Questions	Common Themes
1. What makes you most proud of our community?	<ul style="list-style-type: none"> <li>Community Collaboration</li> </ul>
2. What would excite you enough to be involved or more involved in improving our community?	<ul style="list-style-type: none"> <li>Expansion of affordable housing</li> <li>More effective transportation system</li> <li>Visible outcomes</li> </ul>
3. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?	<ul style="list-style-type: none"> <li>Governmental apathy</li> <li>Lack of follow through</li> <li>Lack of funding/prioritization of funds</li> </ul>
4. What are two to three important issues that must be addressed in order to improve the quality of life in our community?	<ul style="list-style-type: none"> <li>Access to mental health services</li> <li>Affordable housing</li> <li>Transportation system</li> </ul>
5. What initiative would you support toward establishment of a healthier community	<ul style="list-style-type: none"> <li>Transportation system</li> <li>Affordable housing</li> <li>Expansion of mental health services and access for the working poor.</li> </ul>

Additional information regarding Community Themes and Strengths can be found in Appendix III.

### Community Survey

Between September and October 2015, the Task Force conducted a Community Health Survey with a total of 1,538 respondents from Bay County. Those who responded were categorized as either General Population or Vulnerable Population. The breakdown of these categories follows:

County	General Population	Vulnerable Population	Total Respondents
Bay	960	570	1,538

Overall themes and Community Concerns included: Access to health services; obesity/excess weight; mental health care; drug and alcohol abuse.

<b>Question:</b> The top responses of each population grouping are shown below.	<b>General Population</b>	<b>Vulnerable Population</b>
<b>Features of a Healthy Community</b>	Access to health services; active lifestyles/outdoor activities; employers that provide a sustainable living wage	Access to health services
<b>Most Important Health Issues*</b>	Drug abuse; obesity/excess weight; lack of affordable health care	Fire-arm related injuries; motor vehicle crash; child abuse
<b>Most Concerning Unhealthy Behaviors</b>	Drug abuse; alcohol abuse; excess weight	Drug abuse; alcohol abuse; homelessness
<b>Hard to get Health Services</b>	Mental health services	Dental care
<b>Reasons for Delaying Medical Care</b>	No, I did not have a delay in getting care; could not afford	Could not afford; No, I did not have a delay in getting care
<b>My health today</b>	Healthy	Healthy
<b>The Health of my community</b>	Good	Fair
<b>Quality of Health Services</b>	Somewhat healthy	Somewhat healthy
<b>Where to go when sick</b>	My family doctor	My family doctor
<b>Where to go for Mental Health Services</b>	Private psychologist, psychiatrist or other mental health professional	I do not know where to go for mental health care
<b>Factors preventing Healthy Eating and Active Lifestyle</b>	Do not have time to be more active; too expensive to cook/eat healthy foods	Too expensive to cook/eat healthy foods

### Local Public Health System Assessment

Partners from Bay County's local public health initiated the LPHSA in mid-September via email and Survey Monkey.

Each Essential Health Service was discussed using the Model Standard aligned with the 10 essential public health service areas.

Participants ranked and evaluated services. Participants were also encouraged to voice concerns about areas of service that would affect their organization. The complete report provides a breakdown of those comments, concerns, and opinions categorized by each Essential Service.



<b>Essential Service Rating System –</b> Performance Relative to Optimal Activity	
<b>Optimal Activity</b> <b>(76-100%)</b>	Greater than 75% of the activity described within the question is met.
<b>Significant Activity</b> <b>(51-75%)</b>	Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>Moderate Activity</b> <b>(26-50%)</b>	Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>Minimal Activity</b> <b>(1-25%)</b>	Greater than zero, but no more than 25% of the activity described within the question is met.
<b>No Activity</b> <b>(0%)</b>	0% or absolutely no activity.

The following charts provide a composite summary of the performance measures for all 10 Essential Services.

<b>Optimal</b>	
♦ there were no optimal results	
<b>Significant</b>	<b>Moderate</b>
<p><b><u>Monitor Health Status</u></b></p> <p>♦ Community health</p> <p><b><u>Diagnose and Investigate</u></b></p> <p>♦ Identification/ Surveillance</p> <p><b><u>Educate/ Empower</u></b></p> <p>♦ Health Communication</p> <p>♦ Health Education/ Promotion</p> <p><b><u>Mobilize Partnerships</u></b></p> <p>♦ Community Partnerships</p> <p><b><u>Evaluate Services</u></b></p> <p>♦ Evaluation of Population Health</p> <p>♦ Evaluation of Personal Health Services</p> <p>♦ Evaluation of Local Public Health System</p> <p><b><u>Link to Health Services</u></b></p> <p>♦ Personal Health Service Needs</p> <p>♦ Assure Linkage</p> <p><b><u>Enforce Laws</u></b></p> <p>♦ Review Laws</p> <p><b><u>Assure Competent Workforce</u></b></p> <p>♦ Workforce Standards</p> <p>♦ Continuing Education</p>	<p><b><u>Monitor Health Status</u></b></p> <p>♦ Communication of data</p> <p><b><u>Diagnose and Investigate</u></b></p> <p>♦ Natural and intentional disaster response</p> <p><b><u>Develop Policies/Plans</u></b></p> <p>♦ Government Presence</p> <p>♦ Policy Development</p> <p>♦ Community Health Improvement/ Strategic Planning</p> <p><b><u>Mobilize Partnerships</u></b></p> <p>♦ Constituency Development</p>
	<b>Minimal</b>
	<p><b><u>Mobilize Partnerships</u></b></p> <p>♦ Academic and research institutions</p>

Additional information regarding Local Public Health System Assessment can be found in Appendix II.

## PRIORITIES

### Process

Representatives of the Bay County Community Health Task Force, Bay Medical Center, Sacred Heart Health System, the Florida Department of Health in Bay County, Gulf Coast State College and Tyndall Health Promotion met in November 2015 to review indicator data collected to identify issues in which Bay County performed worse than the state of Florida. The Data Review Committee utilized “PEARL” criteria (below) to identify key health priorities for further community input.

**P** – Propriety, is the problem one that falls within the overall mission?

**E** – Economic Feasibility, does it make economic sense or are there economic consequences if the issue is not addressed?

**A** – Acceptability, will the community accept the problem being addressed?

**R** – Resources, are resources available?

**L** – Legality, do current laws allow the problem to be addressed?

Later in November 2015 a presentation of the assessment and indicator findings was provided to nineteen community partners which included the MAPP process, the health indicators by performance. Again, the PEARL criteria was used in consideration of the key health issues facing Bay County. Following the presentation and discussion, the community selected three health priority areas on which to focus efforts. Additional information regarding Community Health Assessment meeting can be found in Appendix IV.

The responsibility to improve the health of the community does not and should not fall to the shoulders of one person, one community group, or one organization. It will take a coordinated community effort across all sectors (education, health care, business, government, etc.) to improve the health of Bay County. Success depends on the ability to rally the community to address the selected priority.

The Bay County Community Health Care Task Force is working to address the priorities established in the Community Health Needs Assessment. The Task Force has developed action plans for the key health issues of:

- **Chronic diseases including diabetes**
- **Healthy Weight/Healthy Lifestyles (Bay HEAT)**
- **Mental Health/Substance Abuse**

These three action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the given time period;
- And communication specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Bay County Community Health Task Force members will work with community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Bay County residents. It is recommended that the CHTF review the implementation on an annual basis to update the information and to continually and collaboratively improve the health of Bay County. To better understand the impact these health issues have on the community, the Community Health Priorities are discussed in detail in the following sections. Reviews of the plan take place during the Community Health Task Force meetings comprised of community members. Quarterly the lead entity for each objective provides updates on objectives that are not on track, not completed or require a decision. Annually, the leads report progress and status for all objectives. Based on the reviews, the council revises the plan based on emerging trends that affect the effectiveness and/or strategies.

# PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit, and vegetable intake and reduce obesity in adults and children.

## CURRENT SITUATION

Healthy Weight/Healthy Lifestyles is a significant issue in Bay County contributing to chronic diseases including diabetes, which is another work group under the CHIP. Bay County's adult obesity rate is 30%. Although this is under the Healthy People 2020 goal of 30.5%, it is above the State and U.S. Top Performers rate of 25%. In addition, the rate is trending upward.

The number of adults in Bay County that participate in enough aerobic and muscle strengthening exercise to meet requirements is at 16.6%. The recommended requirements are 150 minutes weekly of aerobic activity and at least two sessions of strength training. The Healthy People 2020 goal is 20.1%, the current State rate is 19.9%. Survey respondents cited time as the largest obstacle for completing physical activity. More than 50% of residents also said they watched two or more hours of television daily.

In Bay County, the percent of adults that consume at least 5 servings of fruits and vegetables daily is at only 13.2%, the State rate is 19.9%. More than 30% of the Community Health Assessment survey respondents listed expense as a barrier to healthy eating. Bay County has three defined areas of low income and low access to fresh fruits and vegetables. The County Health Rankings indicate that 17% of Bay County residents have food insecurity and 10% have limited access to healthy foods.

***"Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents"***  
**- Former Surgeon General Richard Carmona**

## ASSETS AND RESOURCES:

- WIC
- Healthiest Weight Florida
- Florida Department of Health in Bay County
- A.D. Harris Learning Village
- University of Florida IFAS Extension Office
- Breastfeed Bay- Bay County Breastfeeding Task Force
- Bay County Breastfeeding Connect
- Community Health Task Force
- Tyndall Health Promotion
- Bay Medical HealthPlex
- Local gyms
- NAMI
- Big Bend AHEC
- Sacred Heart- Bay Medical Center
- Gulf Coast Medical Center
- Community Health Center of Bay County (PanCare)
- St. Andrews Community Medical Center
- Agency for Health Care Administration (Medicaid, KidCare)
- County government
- Bay District Schools
- Homeless & Hunger Coalition
- County/City Parks and Recreation
- Panama City Women's Club
- Diabetes Action Committee
- Nation's Best Wellness Program
- Supplemental Nutrition Assistance Program

## PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit, and vegetable intake and reduce obesity in adults and children.

**Strategy 1.1:** Initiate businesses completing the CDC Worksite Wellness scorecard and implementing or strengthening employee wellness programs.

**Performance Indicator:** Increase awareness within at least 20 of the Bay County local businesses and review involvement annually by June 30, 2017.

**Baseline:** 0 (Zero)

Tactic	Target Date	Lead
1.1.1 Present Health Assessment initiative to Chamber of Commerce members to solicit involvement and create awareness among local businesses.	June 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department
1.1.2 Attend Bay County Society for Human Resources Management meeting. Present Health Assessment initiative to solicit involvement not only with their perspective employees but involvement in the Healthy Weight Workgroup. The HR Group may also be able to help in aiding with who the insurance carrier are with chosen Stakeholders, Insurance rep contacts and retrieving insurance handouts.	June 2016	Bay County Community Health Task Force
1.1.3 Present Health Assessment initiative to industry group.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department

**Alignment:** Healthy Weight Florida, Florida Department of Health in Bay County Strategic Plan, State Prevention Plan, National Prevention Strategy, Healthy People 2020 and CHIP Strategies 1.2- Increase awareness and support of breastfeeding and the benefits for the health of infants in our community, and CHIP Strategy 2.1 Develop a cardiovascular education program for heart failure patients as a continuum of care.

**Recommended Policy Changes:** Support workplace policies and programs that increase physical activity. (National Prevention Strategy)

**Evidence-Based:** Support use of evidence-based employee wellness programs to promote health behaviors. (State Health Improvement Plan)

## PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit and vegetable intake and reduce obesity in adults and children.

**Strategy 1.2:** Increase awareness and support of breastfeeding and the benefits for the health of infants in our community.

**Performance Indicator:** Increase initiation rates from 69% to 77.4% by January 31, 2021.

Tactic	Target Date	Lead
1.2.1 Normalize breastfeeding in the community through a social marketing campaign.	January 2021	Bay County Community Health Task Force, FDOH-Bay County Health Department, Bay County Breastfeeding Task Force, WIC, Bay County Breastfeeding Connection
1.2.2 Create a program with seals of recognition for local businesses that support breastfeeding.	January 2021	Breastfeed Bay- Bay County Breastfeeding Task Force, WIC, Bay County Community Health Task Force, Bay County Breastfeeding Connection, FDOH-Bay County Health Department
1.2.3 Support recognition through the Florida Breastfeeding Task Force of employers who design breastfeeding friendly policies who employees.	May 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department and Tyndall Air Force Base Health Promotion



## PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit, and vegetable intake and reduce obesity in adults and children.

**Strategy 1.2:** Increase awareness and support of breastfeeding and the benefits for the health of infants in our community. (Continued)

**Performance Indicator:** Increase initiation rates from 69% to 77.4% by January 31, 2021.

Tactic	Target Date	Lead
1.2.4 Create a website or website tab for Breastfeed Bay to provide recognition of breastfeeding friendly locations as well as resources for pregnant mothers and mothers who are currently breastfeeding.	January 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Bay County Breastfeeding Task Force, WIC, Bay County Breastfeeding Connection
1.2.5 Research possible nursing stations at local events.	June 2020	Bay County Community Health Task Force, FDOH-Bay County Health Department, Bay County Breastfeeding Task Force, WIC

**Alignment:** Healthy Weight Florida, Florida Department of Health in Bay County Strategic Plan, State Prevention Plan, National Prevention Strategy, Healthy People 2020 and CHIP Strategy 1.1 Initiate businesses completing the CDC Worksite Wellness scorecard and implementing or strengthening employee wellness programs.

**Recommended Policy Changes:** Support policies and programs that promote breastfeeding. (National Prevention Strategy)

**Evidence-Based:** Support use of evidence-based employee wellness programs to promote health behaviors. (State Health Improvement Plan)

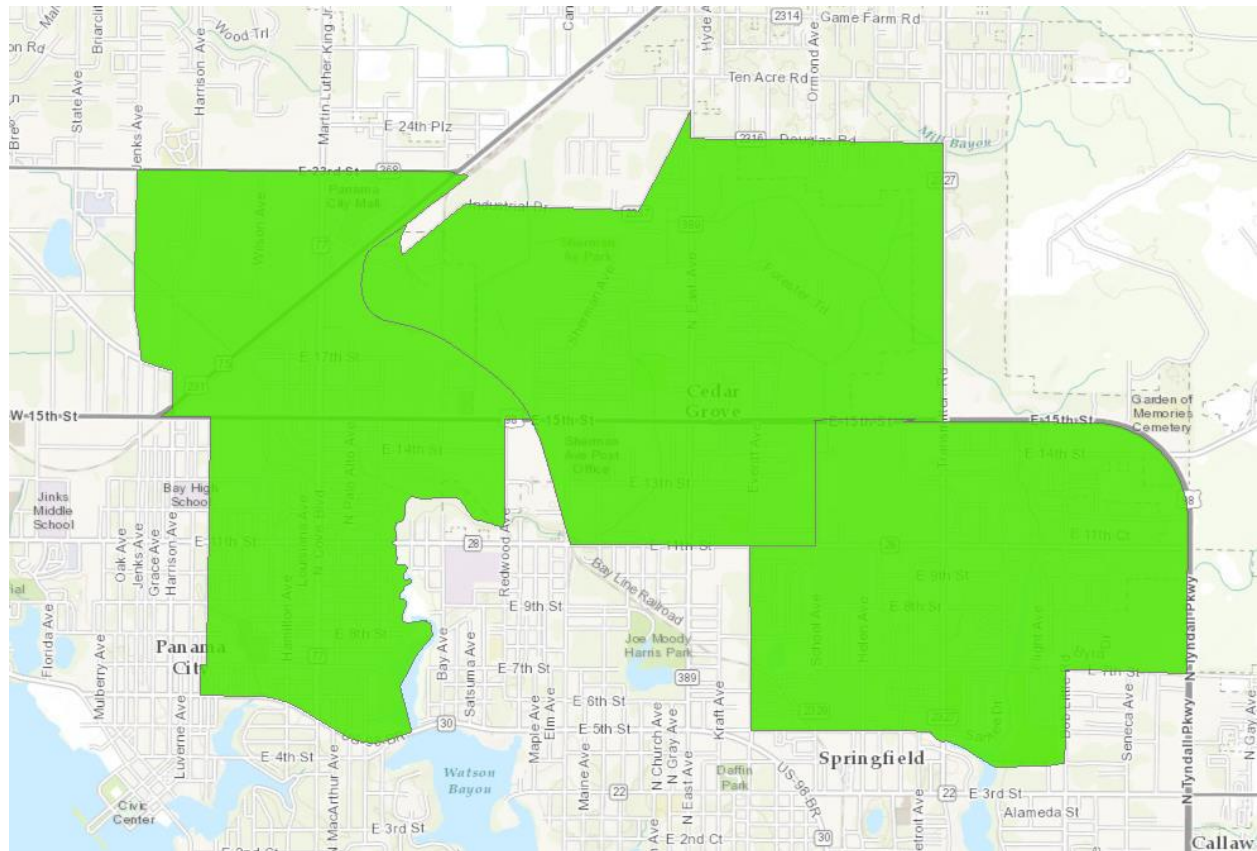
## PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit, and vegetable intake and reduce obesity in adults and children.

**Strategy 1.3:** Increase local community gardens and farmers market resources through partnership to provide healthy food choices in our community.

**Performance Indicator:** Add at least one farmer's market and community garden in a food desert area as defined by the USDA.

Baseline: 0 (zero)



Low income and low access food areas in Bay County from the USDA Food Access Research Atlas.

## PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit, and vegetable intake and reduce obesity in adults and children.

**Strategy 1.3:** Increase local community gardens and farmers market resources through partnership to provide healthy food choices in our community. (Continued)

**Performance Indicator:** Add at least one farmer's market and community garden in a food desert area as defined by the USDA by October 30, 2019.

Baseline: 0 (zero)

Tactic	Target Date	Lead
1.3.1 Through the use of the OrganWise Guys garden tool kits with Early Head Start and Head Start create container gardens at their 9 centers.	March 2018	Bay County Community Health Task Force, FDOH-Bay County Health Department, Early Education and Care, Inc., UF IFAS Extension Office, OrganWise Guys, Youth Enrichment Services
1.3.2 Explore the opportunity to plant fruit trees along 11 <sup>th</sup> Street in collaboration with multiple government agencies, schools, social resources and business from Beck Avenue to Tyndall Parkway.	August 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, UF IFAS Extension Office
1.3.3 Explore the opportunity of partnering with a farmer in order to help create a mobile farmer's market that goes into food desert communities.	October 2019	Bay County Community Health Task Force, FDOH-Bay County Health Department, UF IFAS Extension Office, Tyndall Air Force Base Health Promotion

## PRIORITY 1: HEALTHY WEIGHT/HEALTHY LIFESTYLES

**GOAL:** Increase physical activity, fruit, and vegetable intake and reduce obesity in adults and children.

**Strategy 1.3:** Increase local community gardens and farmers market resources through partnership to provide healthy food choices in our community. (Continued)

**Performance Indicator:** Add at least one farmer's market and community garden in a food desert area as defined by the USDA by October 30, 2019.

Baseline: 0 (zero)

Tactic	Target Date	Lead
1.3.4 Map out farmer's market and/or community garden opportunities within Bay County's food deserts.	October 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, UF IFAS Extension Office

**Alignment:** Healthy Weight Florida, State Prevention Plan, National Prevention Strategy and Healthy People 2020 and CHIP Strategy 2.1 Develop a cardiovascular education program for heart failure patients as a continuum of care.

**Recommended Policy Changes:** Look at requirements for farmer's markets to expand into food desert communities and how to overcome those barriers at the local level.

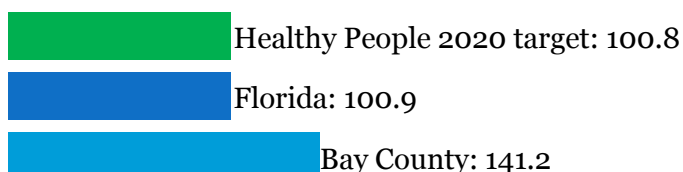
**Evidence-Based:** OrganWise Guys is an evidence-based health and wellness program for preschool and elementary aged students. Community gardens are an evidenced-based practice with many benefits including food security. Expanding the availability of nutritious and affordable food is an evidenced-based practice for healthy weight.

## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 1:** Decrease the rates of heart disease and heart disease related deaths.

### CURRENT SITUATION

Coronary Heart Disease Deaths: Age-adjusted death rate per 100,000 total population



As evidenced in the benchmark above, Bay County's rate of Coronary Heart Disease deaths is well above the Healthy People 2020 goal and the State level which is just a tenth of a point from being on target. Data shows that African-American populations are more at-risk. Hospitalization rates are at nearly double State levels at 444.7 per 100,000 population. This is at a level 4 in Florida CHARTS County level Chronic Disease Profile. That means it is the least favorable situation. Florida is at 265 per 100,000. These rates are slightly higher among the African-American residents in Bay County.

Bay County's Heart Failure death rate is 13.6 per 100,000, that number for the State is 10.6. Hospitalizations are at 79.5 per 100,000 compared to Florida's number of 65.4 per 100,000. These rates are listed in the average category at level three but the trend is on the rise so we need to work to keep them from moving into the least favorable category.

Bay County is at level three for adults who have been told they have hypertension at 37.8%, that is about three percentage points higher than Florida which is at 34.6%. African-Americans are also more at-risk in this category with a rate of 46.5% versus 38.9% for 2013. Cholesterol levels are a little more favorable with Bay County Adults having high blood cholesterol at 34.2% but slightly higher than the state in that category, with Florida at 33.4% of adults. Improvement in health outcomes and progress in preventative efforts are needed to meet the Healthy People 2020 goal of 13.5%. Rates of high blood cholesterol are equal among races.

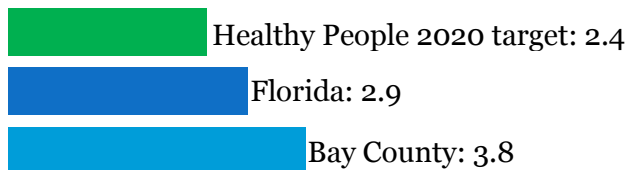


## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 2:** Decrease the rates of melanoma deaths and incidences in Bay County from 3.8 per 100,000 to 3.0 per 100,000.

### CURRENT SITUATION

Melanoma Deaths: Age-adjusted death rate per 100,000 total population



The benchmark above demonstrates the melanoma deaths in Bay County with 3.6 per 100,000 not hitting the Healthy People 2020 target of 2.4 per 100,000 and being above the State level of 2.9 per 100,000. Melanoma deaths have only been seen in White populations in recent data. This is considered an average number in Florida CHARTS County Chronic disease profile but it is trending upward. Bay County is also considered average for the number of new cases of Melanoma per 100,000 population at 20.9 incidences, but this is also above Florida's number of 17.5 per 100,000. Cases in Bay County also have only affected White residents.

### ASSETS AND RESOURCES:

- Community Health Task Force
- Sacred Heart-Bay Medical Center
- Gulf Coast Medical Center
- Community Health Center of Bay County
- St Andrew Community Medical Center
- Agency for Health Care Administration (Medicaid, KidCare)
- County government
- Healthy Start
- Bay District Schools
- Department of Children and Families
- FDOH-Bay County Health Department County's Diabetes Services Program
- FDOH-Bay County Health Department County School Health program
- FDOH-Bay County Health Department County Women, Infants and Children (WIC)
- CDC
- Tyndall Air Force Base Health Promotion
- Pediatricians
- PanCare, Inc.

## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 1:** Decrease the rates heart disease and heart disease related deaths.

**Strategy 2.1:** Develop a cardiovascular education program for heart failure patients as a continuum of care.

**Performance Indicator:** Decrease heart failure readmission rates in area hospitals from 65.1% to 64% and increase number of patients who receive education after initial discharge by January 31, 2020.

Tactic	Target Date	Lead
2.1.1 Form a Heart Failure Consortium to guide the development of a cardiovascular education program.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth
2.1.2 Heart Failure Consortium holds regular meetings.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth
2.1.3 Heart Failure Consortium builds a referral form, referral requirements and continuum of care using a public health model.	September 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth

## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 1:** Decrease the rates heart disease and heart disease related deaths.

**Strategy 2.1:** Develop a cardiovascular education program for heart failure patients as a continuum of care. (Continued)

**Performance Indicator:** Decrease heart failure readmission rates in area hospitals from 65.1% to 64% and increase number of patients who receive education after initial discharge by January 31, 2020.

Tactic	Target Date	Lead
2.1.4 Heart Failure Consortium puts together evidence-based educational program for heart failure patients and components necessary for success.	September 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth
2.1.5 Educational program for heart failure patients opens at FDOH-Bay County Health Department.	January 2020	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth

**Alignment:** Healthy Weight Florida, Florida Department of Health in Bay County Strategic Plan, State Prevention Plan, National Prevention Strategy, Healthy People 2020 and CHIP Strategy 1.1- Initiate businesses completing the CDC Worksite Wellness scorecard and implementing or strengthening employee wellness programs.

**Recommended Policy Changes:** Heart health education offered to heart patients in every health care setting in Bay County as a standard of continuum care.

**Evidence-Based:** The heart health education program is being designed using public health models with evidenced-based practices.

## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 1:** Decrease the rates heart disease and heart disease related deaths.

**Strategy 2.2:** Increase knowledge of risk factors for heart disease among Bay County residents.

**Performance Indicator:** Host a mass screening day with multiple sites throughout Bay County's communities with cholesterol, blood pressure, and blood sugar checks (Diabetes and heart disease are often co-occurring) by September 30, 2021.

Baseline: 0 (zero)

Tactic	Target Date	Lead
2.2.1 Find or create heart risk awareness educational materials that are easy to understand.	March 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association
2.2.2 Provide educational materials to partners for dissemination for at-risk patients.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association
2.2.3 Send a news release out on mass screenings in order to gain earned media.	August 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association

## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 1:** Decrease the rates heart disease, heart disease related deaths and melanoma incidences in Bay County residents through educational programs.

**Strategy 2.2:** Increase knowledge of risk factors for heart disease among Bay County residents.  
(Continued)

**Performance Indicator:** Host a mass screening day with multiple sites throughout Bay County's communities with cholesterol, blood pressure, and blood sugar checks (Diabetes and heart disease are often co-occurring) by September 30, 2021.

Baseline: 0 (zero)

Tactic	Target Date	Lead
2.2.4 Host mass screening event.	September 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association
2.2.5 Send out news release on new heart risk campaign.	May 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association
2.2.6 Create public service announcements on heart risks.	July 2020	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association



## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 1:** Decrease the rates heart disease and heart disease related deaths.

**Strategy 2.2:** Increase knowledge of risk factors for heart disease among Bay County residents.  
(Continued)

**Performance Indicator:** Host a mass screening day with multiple sites throughout Bay County's communities with cholesterol, blood pressure, and blood sugar checks (Diabetes and heart disease are often co-occurring) by September 30, 2021.

Baseline: 0 (zero)

Tactic	Target Date	Lead
2.2.7 Participate in and help promote the American Heart Association's Heart Walk.	September 2016-2021	Bay County Community Health Task Force, FDOH-Bay County Health Department, Gulf Coast Regional Medical Center, Bay Medical Sacred Heart, HealthSouth, Medical Reserve Corps, American Heart Association

**Alignment:** Healthy Weight Florida, Florida Department of Health in Bay County Strategic Plan, State Prevention Plan, National Prevention Strategy, Healthy People 2020 and CHIP Strategy 1.1- Initiate businesses completing the CDC Worksite Wellness scorecard and implementing or strengthening employee wellness programs and CHIP Strategy 2.1- Develop a cardiovascular education program for heart failure patients as a continuum of care.

**Recommended Policy Changes:** Bay County providers as a standard of care will automatically conduct cholesterol and blood sugar checks for their patients annually and explain the need for people to know their numbers.

**Evidence-Based:** Evidenced-based materials will be used to educate Bay County residents about their risks for heart disease.

## PRIORITY 2: CHRONIC DISEASES INCLUDING DIABETES

**GOAL 2:** Decrease the rates of melanoma deaths and incidences in Bay County.

**Strategy 2.3:** Provide early childhood education to parents and children on protection against sun damage and how melanoma risks are associated with early sunburns.

**Performance Indicator:** Provide information and resources to parents at a minimum of 5 locations during the summer by August 30, 2020.

Baseline: o(zero)

Tactic	Target Date	Lead
2.3.1 Print and share CDC evidenced-based informational brochures on skin protection in childhood.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Tyndall Health Promotion
2.3.2 Order sunhats, sunscreen and lip protection to give-a-way to parents and children.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Tyndall Health Promotion
2.3.3 Send news release on early education sun protection tour to garner earned media to further the messaging.	June 2016	Bay County Community Health Task Force, FDOH-Bay County Health Department, Tyndall Health Promotion
2.3.4 Visit local hot spots for parents and young children during the summer months to provide information and resources on skin protection and the dangers of sunburns in the early years in relation to melanoma.	June – August 2016-2020	Bay County Community Health Task Force, FDOH-Bay County Health Department, Tyndall Health Promotion

**Alignment:** State Prevention Plan and Healthy People 2020

**Recommended Policy Changes:** In order for children in a daycare, preschool or primary school setting in the State of Florida to have sunscreen applied parents must fill out a form. The Community Health Task Force and its CHIP partners believe there should be a policy to eliminate this barrier as a standard of care for children going outside in these settings as well as primary schools.

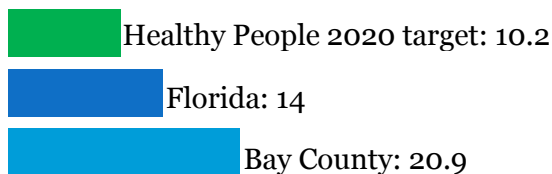
**Evidence-Based:** The CDC brochures provided to parents offer evidenced-based practices to prevent skin damage in children.

## PRIORITY 3: MENTAL HEALTH/SUBSTANCE ABUSE

**GOAL:** Increase treatment participation for those suffering from mental health and/or substance abuse.

### CURRENT SITUATION

Suicide (age-adjusted rate per 100,000 population)



The benchmark above paints a picture of the dominant issue of mental health/substance abuse in Bay County. The area is among the top in the State for suicides with a rate of 20.9 per 100,000. That is more than double the Health People 2020 goal of 10.2 and above the State level of 14 per 100,000. Suicides affect White Males at a much higher rate than other groups in Bay County. Among 19-21 year olds, that rate is 30.2 compared to Florida's rate of 13.5. Both are considered a level four, the most unfavorable rating.

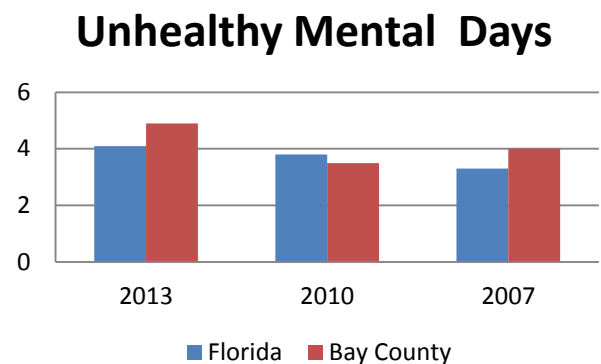
Another area to explore for mental health/substance abuse is the rate of binge drinking in the past 30 days among adults. Bay County is at 19.2%, slightly under the Healthy People 2020 target of 24.4% but it is above the State rate of 17.6%.

Rates of alcohol related indicators for adolescents were mostly better than the State. Percent of middle school students who used alcohol in the past 30 days was at 11% and 12.3% respectively. For high school students, Bay County's rate was 33.4% compared to the State rate of 33.9%. The percent of middle school students reporting binge drinking was 4.3% for Bay County and 4.7% for Florida. The percent of high school students reporting was slightly higher in Bay County with 17.2% compared to Florida's rate of 16.4%.

The percent of students using marijuana/hashish in past 30 days was higher in Bay County than the State averages. Among middle school students, the number for Bay County was 5.9% versus 4.2% statewide. For high school students the numbers were 20% and 18.5% respectively.

According to the Center for Disease Control, the citizens of Bay County experience a higher number of mentally unhealthy days in comparison to the state at 4.5 days with top performers in the U.S. at 2.3 days (see chart).

These numbers illustrate the health problems associated with mental health/substance abuse. The illnesses are often co-occurring. Social consequences experienced in Bay



County due to mental health/substance abuse include; the highest rate per capita of children removed from their homes and an extreme need for additional foster families, a jail population that includes 80% with mental health issues and domestic violence rates significantly higher than the state at 870.6 per 100,000 versus 549.3 per 100,000.

#### **ASSETS AND RESOURCES:**

- Community Health Task Force
- FDOH-Bay County Health Department County
- Sacred Heart-Bay Medical Center
- Gulf Coast Medical Center
- Community Health Center of Bay County
- St Andrew Community Medical Center
- Life Management Center
- HealthSouth
- Chemical Addiction Recovery Effort
- Emerald Coast Behavioral Hospital
- Gulf Coast Children's Advocacy Center
- Anchorage Children's Home
- Childhood System of Care (DCF & Partners)
- Florida Therapy
- Department of Juvenile Justice
- 14th Circuit Judicial Court
- Salvation Army Domestic Violence
- Big Bend Community Based Care
- JourneyPure
- Private Providers
- Bay County School Board
- Rescue Mission
- Vets Center
- PanCare of Florida, Inc.

### PRIORITY 3: MENTAL HEALTH/SUBSTANCE ABUSE

**GOAL:** Increase treatment participation for those suffering from mental health and/or substance abuse.

**Strategy 3.1:** Create a complete list of available resources for mental health/substance abuse.

**Performance Indicator:** Produce a resource guide and share with United Way for inclusion with 2-1-1 by February 28, 2020.

**Baseline:** o(zero)

Tactic	Target Date	Lead
3.1.1 Host community forum of resource providers.	March 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way
3.1.2 Encourage resource providers to include their information in United Way's 2-1-1 service and make sure parameters will allow potential users to access them easily.	February 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way
3.1.3 Create resource guide for inclusion with United Way and a printed version based on other models.	February 2020	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way
3.1.4 Promote the usage of United Way's 2-1-1 referral service.	February 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way

**Alignment:** State Health Improvement Plan, National Prevention Strategy and Healthy People 2020

**Recommended Policy Changes:** The Community Health Task Force recommends all agencies that can aid in the areas of mental health/substance abuse list themselves with United Way 2-1-1.

**Best Practices:** The forum will utilize a trained facilitator.

### PRIORITY 3: MENTAL HEALTH/SUBSTANCE ABUSE

**GOAL:** Increase treatment participation for those suffering from mental health and/or substance abuse.

**Strategy 3.2:** Identify gaps in service.

**Performance Indicator:** Create list of services for mental health/substance abuse that are not currently offered by July 30, 2018.

Baseline: 0(zero)

Tactic	Target Date	Lead
3.2.1 Host forum with resource providers and community to identify gaps in service.	April 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way
3.2.2 Create list identifying gaps in services for mental health/substance abuse.	August 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way
3.2.3 Use list of identified gaps to help bring more access to service through current and additional resource providers.	July 2018	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC, United Way

**Alignment:** State Health Improvement Plan, National Prevention Strategy and Healthy People 2020

**Recommended Policy Changes:** Increase mental health funding in the State of Florida to help build out additional programs that meet the needs of Bay County residents. Florida's mental health funding ranks among the lowest in the Nation.

**Best Practices:** The forum will utilize a trained facilitator.



### PRIORITY 3: MENTAL HEALTH/SUBSTANCE ABUSE

**GOAL:** Increase treatment participation for those suffering from mental health and/or substance abuse.

**Strategy 3.3:** Reduce the stigma of seeking treatment for mental illness/substance abuse.

**Performance Indicator:** Create a social marketing campaign and provide training on mental health first aid by July 31, 2021.

Baseline: o(Zero)

Tactic	Target Date	Lead
3.3.1 Seek additional funding for Mental Health First Aid classes.	July 2021	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC Health Promotion
3.3.2 Increase participation in Mental Health First Aid classes.	July 2018	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC Health Promotion
3.3.3 Create social marketing campaign that helps reduce the stigma associated with seeking treatment and the prevalence of mental health/substance abuse issues in our community.	March 2017	Bay County Community Health Task Force, FDOH-Bay County Health Department, Life Management Center, LEAD Coalition, Big Bend AHEC Health Promotion

**Alignment:** State Health Improvement Plan, National Prevention Strategy and Healthy People 2020

**Recommended Policy Changes:** A recommended policy change would be that all school and law enforcement agency employees participate in Mental Health First Aid classes as part of their basic training. The Community Health Task Force believes these groups are on the front lines for mental health issues. It would also be recommended that religious organization employees and frontline staff at local companies participate as well.

**Evidence-Based:** Mental Health First Aid is an evidence-based program to equip the public in recognizing problems and getting people the resources they need.

## 2012 COMMUNITY HEALTH IMPROVEMENT PLAN PROGRESS REPORT

The Bay County Community Health Care Task Force last updated the 2012 Community Health Improvement Plan in 2014. The information as follows will further update our actions since the previous CHIP providing a progress report on these initiatives. Below are the three priorities.

- **Obesity & Diabetes (aka Diabetesity)**
- **Access to Health Care**
- **Healthy Lifestyles Education (Bay Health Education Action Team aka Bay HEAT)**

Two of the three health priorities are once again being addressed in the 2015 CHIP, Obesity & Diabetes and Healthy Lifestyles Education, both through the Healthy Weight/Healthy Lifestyles Action Team (Bay Heat) and the Chronic Diseases including Diabetes Action Team.

### Obesity & Diabetes (aka Diabetesity)

#### **Key Partners**

They say it takes a village and we are continuing to find and rely on ours when it comes to Diabetesity in our community. Here are some of the many partners for this action team:

- Florida Department of Health in Bay County
- Bay Medical HealthPlex
- Impact Fitness
- Gulf Coast State College
- Glenwood Working Partnership
- Catholic Charities/Circles
- Life Management Center
- Medical Reserve Corps
- Area municipalities
- Sanofi Adventis
- Novo Nordisk
- Walgreen's
- Po' Folks
- And many others!

#### **Community Screenings**

One of the largest components of the Diabetesity team was the Community Screenings. The program was provided through a Mini-Grant Pilot Program with Catholic Charities/Circles. Here are a few highlight of those events taking place in the time period from September 2013 – August 2014:

- **3,427 people screened** (Approximately 10% outside normal range)
- Screenings provided at **19 community events**
- Screenings also at FDOH-Bay County Health Department: main clinic, WIC and Diabetes Services. These were also offered at the Village Health Center during its existence.

Additional screenings continue to take place at community events, health fairs and worksites.



FDOH-Bay County Health Department employees check blood sugars during a massive screening event.

### Diabetes Education

Diabetes Education was expanded to services at FDOH-Bay County Health Department. There are currently 7 programs for people living with diabetes. The educational offerings continue to grow. Here are a few highlights:

- **250+ people attended** one or more free Basic Diabetes Self-Management Education (DSME) classes (2014)
- **542 patients** were served with 277 class offerings
- **Accredited** by the American Association of Diabetes Educators in January 2015
- **Free rides** to diabetes education classes provided in June 2016 for a 6-month period or for the first 100 patients through a partnership with Gulf Coast Non-Emergency Transportation.
- **Future expansion** of programs into outlying counties that are underserved as well as worksites.
- **Program review indicated success** with reduction in A1c scores of over one third of a point during the review period.

Class offerings currently include:

- Diabetes Self-Management Education
- Medical Nutrition Therapy
- Insulin Pump Management
- Gestational Diabetes Consultation and Support
- Living Well Program
- Type 2 Diabetes Support Group

## Success Story

Charlynn was in the same position as too many others – she'd had type 2 diabetes for years but lacked health insurance and couldn't afford to attend the one recognized Diabetes Self-Management Education (DSME) program in Bay County. She realized that educating herself about the condition might help her take better care of herself, so she read as much as she could about her disease and tried to follow the recommendations of her doctor, but her weight continued to climb, her blood glucose readings remained erratic and her vision worsened every day. Relief for Charlynn would come in the form of a new diabetes education offered at the Florida Department of Health-Bay County that was FREE to the public.

Charlynn Harmon was in the first ADSME class at FDOH-Bay County Health Department in the Spring of 2014, which she says “literally changed (her) life.” She says, “Proof of all the benefits of this class and its efficacy was made clear to me...three months after I had taken part in the class. My April 2014 ALC of 7 percent dropped to an unbelievable 6.1 percent!”

*“...ALC of 7 percent dropped to an unbelievable 6.1 percent!” –  
Charlynn Harrison,  
ADSME class participant*

Charlynn then did what any success story would do; she referred her husband Doug, who also had Type 2 diabetes and was struggling to manage his glucose level with insulin. With the right lifestyle and medication adjustments, he was able to lower his A1c from 7.1% to 6.3%, while reducing his total daily insulin dose requirement! Slightly over 50% of attendees of the ADSME program were able to lower their ALC an average of 0.5 - 2% over a 12-week period. Over 80% of the ADSME participants had been diagnosed with diabetes 7 – 10 years prior to taking part in the program. All had been struggling to manage their blood glucose levels for years. As one participant so astutely put it, “I now know, and more importantly believe, I can better manage my diabetes, and continue to improve my control with better skills, and less negative feelings about my diabetes.”

In addition to the highlights above, staff at FDOH-Bay County Health Department is currently working with insurance providers to cover the costs of the diabetes education classes to make the program sustainable.

## National Diabetes Prevention Program

The National Diabetes Prevention Program is an evidence-based curriculum provided through the CDC. The program is proven to reduce the risk of developing type 2 diabetes by 58%. The goals of the one-year program are for participants to reduce their weight by 7% and increase their physical activity to 150 minutes per week. Below are a few accomplishments of this program:

- **229 people** participated in classes (2014- 2016)
- **Accreditation process** underway currently (2016)
- **In-house Master Trainer Select** (2015)
- **8 trained** NDPP facilitators
- Morning and evening classes at **5 locations** in Bay County
- **Future expansion** of programs into outlying counties that are underserved as well as worksites.
- **Program review indicated success** with average weight loss of 6.1% in the first six months for participants who attended at least four sessions.

In addition to the highlights above, staff at FDOH-Bay County Health Department are currently working with insurance providers to cover the costs of the NDPP classes to further sustain the program. The Florida Department of Health is also making NDPP a priority with resources available to programs throughout the state.



NDPP participants walk with Master Trainer Select and FDOH-Bay County Health Department employee Natasha Coleman.

To celebrate the completion of the program, an annual 5K celebration is organized. In 2016, it was held on May 21 at the Panama City Garden Club. More than twenty past, current and future NDPP participants came to the event.

## Success Story

Raquel, NDPP client writes, *"I remember when I was in third grade the doctor put me on a diet. I remember that I could only have two pieces of bread all day and I felt deprived. Then in my teen years, I was in a size 3.*

*Then when I was pregnant with my second child 27 years ago I gained 90lbs. After I had him, I struggled to lose the weight. I tried many, many programs that were on the market then, low carb, no carbs, liquid diets etc. I would lose weight but always gained back all the weight I lost with extra pounds that I never had. I have yo- yo dieted all my life.*

*In 2013, I went to the doctor and had blood work done and found out that I was boarder line diabetic. My doctor recommended that I take the Diabetes Prevention Program class that is offered at the health department. It took me about eight months to realize that I needed to do something different in my life because I did not like I felt or how I looked. Finally, I made the decision to take control of my health and I made the phone call to the health department. I started the Diabetes Prevention Program class in September 2013.*

*"This class has impacted my life dramatically."- Raquel, NDPP participant*

*This class has impacted my life dramatically. I have learned that tracking my food helped me to be successful on my lifestyle change. Learning how to really read the food labels has helped me to make different food choices. My relationship with food was very dysfunctional and this class helped me to*

*realize I needed to change the relationship with my food. The other thing that helped me to be successful is incorporating exercise in my life. I started out walking and then I incorporated strength training, lifting weights and interval training. When I began the strength training that is when I noticed the biggest change in my body.*

*I am glad that I made the decision to take control of my health. My relationship with food is healthier, I am more active, and I know that I have to track my food to be successful in my new lifestyle change."*

In addition to the highlights above, staff at FDOH-Bay County Health Department is currently working with insurance providers to cover the costs of the diabetes education classes to make the program sustainable.



## ***Outreach to Health Care Providers***

Without health care provider champions in the community, the work of the Diabetes Action Team would be in vain. With that in mind, the Diabetes Action Team has completed outreach on diabetes education and NDPP. Below are a few examples of those activities:

- **300 providers** were educated on the programs and referral process (2014).
- Bay Medical Society Meeting (Sept. 2014, now Emerald Coast Medical Society)
- Bay County Aging Interagency Council Healthcare Professional Symposium (Oct. 2014)
- Bays Medical Society Expo (Oct. 2014, now Emerald Coast Medical Society)
- Partnership with Gulf Coast State College BSN Program
- Diabetes Looking at the Whole Picture CEU Program (June 2016)

We continue to provide information to medical offices throughout the Panhandle of Florida.

## ***Diabetes Day Bridge Walk***

The first Diabetes Day Bridge was held in November of 2013 with the theme Be Fit and Glow. More than 150 participated. The event was held at night on the Hathaway Bridge and highlighted with blue glow sticks. In 2014, more than 200 people walked. In 2015, the number of participants grew once again. Due to construction on the Hathaway Bridge, the 2016 event will be held at the Bailey Bridge in Lynn Haven.



Walkers participate in the 2015 Diabetes Walk over the Hathaway Bridge in Panama City.

## **Diabetes Advisory Council**



The group met in July 2016 renaming them from the Diabetes Action Team to the Diabetes Advisory Council to focus on new efforts. This logo was adopted.

## **New Events for 2016**

### **Race With Insulin- Appearance by Charlie Kimball**

In October 2016, Indy Car #83 Novo Nordisk Chevrolet Driver, Charlie Kimball, will make an appearance to promote diabetes awareness. He is the first racecar driver with diabetes and drives with an insulin monitor and pump. Kimball is the picture of diabetes care in the information age allowing athletes to rise above their disease and not let it stop their dreams.

### **Blue Tea**

Plans are in the works for an inaugural Blue Tea for Diabetes. The event will feature an A1C Champion, a speaker sponsored by Sanofi, who will share his/her true testimony of how learning to manage diabetes has helped save his/her life. This event will not only bring more awareness to the community on the prevalence of diabetes, it will also raise funds to help cover the costs of providing care to the working poor in need of diabetes education.

## **Access to Health Care**

### **2-1-1 Service**

2-1-1 Service, a 24/7 toll-free phone number and online access, was established through key partners United Way of NW Florida, Florida Department of Health in Bay County, Homeless and Hunger Coalition of NW Florida, Life Management Center of NW FL and the Bay County Board of Commissioners. The hotline provides ready access to contacts for services. The partner groups have pledged ongoing support to ensure sustainability of the program.

### ***Village Health Center***

The Village Health Center ER Diversion Clinic opened its doors in October of 2013. Unfortunately, due to a lack of grant funding, the clinic closed in early 2016. Below is a look at the service numbers for the clinic during its operation.

Segment	Clients	Services
<b>2013</b>		
Total	1,723	6,021
<b>2014</b>		
Total	3,281	20,267
<b>2015</b>		
Children	326	1,113
Adults	3,060	15,227

### ***Affordable Care Act Symposium***

150 people; consumers, businesses and health care providers participated in the Bay County Community Health Task Force's Affordable Care Act Symposium. The event was held at Wyndham Bay Point on April 24 and 25, 2014. Gulf Coast State College coordinated it.

## Healthy Lifestyles Education (Bay Health Education Action Team aka Bay HEAT)

### *Healthy Lifestyle Demos and Activities at Community Events*

During the period from 2013-present, Bay HEAT has provided education and demonstrations at numerous community events throughout Bay County. These events were supported by our partners; Healthy Start Coalition, Boys and Girls Clubs, Cherry Street Elementary School, Kingdom Agenda International Ministries, UF/IFAS Extension and Waterfront Markets Inc. to name a few. The focus has been on the next generation.

Programs have been provided to:

- Healthy Start Coalition
- Cherry Street Elementary School
- Boys & Girls Clubs
- Bay County Libraries
- Early Education and Care, Inc.
- Civic Organizations
- Schools
- Girls, Inc.
- Youth Enrichment Services
- And many others!

In 2014, **23 programs** were provided to **350 community members**.

## **Workplace Demonstration Garden**

A workplace demonstration garden was put in place at the Florida Department of Health in Bay County in 2015. That year, seeds were also provided to the community through a partnership with the Family Service Agency. Today, the Florida Department of Health in Bay County provides garden tours for those who are interested. Volunteers from multiple organizations maintain the garden including; the Panama City Women's Club, Youth Enrichment Services, the Community Health Task Force and the Florida Department of Health in Bay County. Some of the food grown in the garden has been used to feed homeless and unaccompanied minors in Bay County High Schools.



Healthiest Weight Garden at the Florida Department of Health in Bay County.

## **Healthy Lifestyle Links**

After surveying 15+ community organizations, Bay HEAT realized there was a need in the community for links to online resources. In response, links on personal hygiene, physical activity, nutrition and bullying were posted to the Community Health Task Force Website at [www.communityhealthtaskforce.com](http://www.communityhealthtaskforce.com).

## ***Healthy Weight Champion Community***



**Panama City Mayor Greg Brudnicki accepts Healthy Weight Champion Community Award from FDOH-Bay County Health Department Administrator Douglas Kent.**

The Florida Department of Health has recognized the City of Panama City as a Healthiest Weight Community Champion for three years running. We hope to expand this honor and award to other communities within Bay County.



## ABOUT THE COMMUNITY HEALTH TASK FORCE

### Officers

Steve Sumner, Chair  
Joe Wayne Walker, Vice-Chair  
James Lewis, Treasurer  
April Wisdom, Secretary

### Board Members

Andrew Miller  
Shelley Berry  
Robert Harned  
Pam Dorwarth  
Barbara Day  
Sabra Quinn  
Douglas Kent  
Debbie Ward  
Michelle Flaatt  
Jude Gross  
Mike Hill  
Mike Wallace  
Randy Chitwood  
Tony Bennett  
Ned Ailes  
Carol Sumney  
Greg Dossie

### Mission

The Community Health Task Force (CHTF) is organized for the purpose of conducting periodic comprehensive evaluations of the entire health status of the citizens of the Bay County area in order to develop intervention strategies to address disproportionate mortality and morbidity and promote community health.

### Goal

The goal of the CHTF is to develop and implement comprehensive, community-based health promotion and wellness programs in the Bay County area.

### Purpose

The purpose of the CHTF is to provide a forum whereby its members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens. The Task Force is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations under 501(c)(3) of the Internal Revenue Code (or the corresponding section of any future Federal tax code).

### Objectives

1. Assess the community health status and community opinion.
2. Prioritize the communities' health needs.
3. Develop and implement a comprehensive plan to address health priorities.
4. Mobilize the community to improve the health of the community.
5. Assist individuals in making healthy lifestyle choices through information, education, and as requested.
6. Evaluate process outcomes, modifying the plan as appropriate.

### Membership

The Task Force is a coalition of viable organizations, individuals, and businesses who share the same goal of improving the health and health care of the residents of the Bay County area.

### Contact

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